

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
February 10, 2015
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**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of February 10, 2015**

Board Members Present

Maroulla S. Gleaton, M.D., Chairman
David R. Andrews, M.D.
David Nyberg, Ph.D.
M. Louisa Barnhart, M.D.
David H. Dumont, M.D.
Christopher R. Ross, P.A.-C
David D. Jones, M.D., Board Secretary
Cheryl Clukey, M.Ed.

Board Staff Present

Timothy E. Terranova, Assistant Executive Director
Mark S. Cooper, M.D., Medical Director
Maureen S. Lathrop, Administrative Assistant
Julie A. Best, Consumer Outreach Specialist
Kathryn Levesque, Investigator

Attorney General's Office Staff Present

Dennis E. Smith, Assistant Attorney General
Detective James Gioia

Ms. Clukey arrived at 1:00 p.m. Mr. Ross was excused at 6:00 p.m. Dr. Sacchetti was absent.

The Board met in public session, with the exception of the times listed below, which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405, 405(4), 405(6)(E); 10 M.R.S. §8003-B; 22 M.R.S. §1711-C; and 24 M.R.S. §2510). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session.

EXECUTIVE SESSIONS

PURPOSE

3:59 p.m. – 5:44 p.m.
7:03 p.m. – 7:25 p.m.

Complaints
Search Committee Update

I. Call to Order

Dr. Gleaton called the meeting to order at 8:45 a.m.

A. Amendments to Agenda

1. CR13-86 Robert K. Desai, M.D. under Consent Agreement Monitoring and Approval

B. Scheduled Agenda Items

1. 8:30 a.m. Adjudicatory Hearing CR 12-103 Stephen H. Doane, M.D.
2. 1:30 p.m. Gordon Smith Legislative Update

II. Complaints

1. CR12-233

Dr. Dumont moved to investigate further. Dr. Jones seconded the motion, which passed unanimously.

2. CR14-144

Mr. Ross moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: A patient's mother complains about the care her son received from a family medicine physician. Her son had a history of osteosarcoma in remission, but was being treated for asthma and acne with keloiditis. Review of the record reveals that the patient received reasonable care, but was discharged from the practice for exceeding defined and clearly communicated limits for "no shows" at scheduled patient visits. The physician and the office staff helped with arranging transfer of care and coverage of care until transfer could be accomplished.

3. CR14-143

Ms. Clukey moved to investigate further. Dr. Dumont seconded the motion, which passed unanimously.

4. CR14-81

Dr. Barnhart moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: A patient complains about issues during a licensed physician's practice of coaching. The physician suggested a diagnosis and the patient investigated with a qualified third individual. Upon review of e-mails, the interaction fell within the scope of a coaching relationship and did not constitute a formal medical evaluation or diagnosis. Treatment was not initiated by the physician. The practice of coaching is not under the purview of the Board.

5. CR13-129

Dr. Dumont moved to dismiss the complaint without prejudice. Dr. Jones seconded the motion, which passed unanimously.

MOTION: On March 11, 2014 the Board preliminarily denied the licensee's application for a permanent Maine medical license based on allegations of misconduct reported by patients. The denial became final on September 8, 2014. The Board dismissed without prejudice this complaint alleging misconduct. Should the physician apply for a Maine medical license in the future, the Board may reopen this complaint and consider it,

together with the underlying facts, in making a determination as to whether or not to grant a license.

6. CR14-136

Dr. Dumont moved to dismiss the complaint without prejudice. Dr. Jones seconded the motion, which passed unanimously.

MOTION: On March 11, 2014 the Board preliminarily denied the licensee's application for a permanent Maine medical license based on allegations of misconduct reported by patients. The denial became final on September 8, 2014. The Board dismissed without prejudice this complaint alleging misconduct. Should the physician apply for a Maine medical license in the future, the Board may reopen this complaint and consider it, together with the underlying facts, in making a determination as to whether or not to grant a license.

7. CR14-137

Dr. Dumont moved to dismiss the complaint without prejudice. Dr. Jones seconded the motion, which passed unanimously.

MOTION: On March 11, 2014 the Board preliminarily denied the licensee's application for a permanent Maine medical license based on allegations of misconduct reported by patients. The denial became final on September 8, 2014. The Board dismissed without prejudice this complaint alleging misconduct. Should the physician apply for a Maine medical license in the future, the Board may reopen this complaint and consider it, together with the underlying facts, in making a determination as to whether or not to grant a license.

8. CR14-138

Dr. Dumont moved to dismiss the complaint without prejudice. Dr. Jones seconded the motion, which passed unanimously.

MOTION: On March 11, 2014 the Board preliminarily denied the licensee's application for a permanent Maine medical license based on allegations of misconduct reported by patients. The denial became final on September 8, 2014. The Board dismissed without prejudice this complaint alleging misconduct. Should the physician apply for a Maine medical license in the future, the Board may reopen this complaint and consider it, together with the underlying facts, in making a determination as to whether or not to grant a license.

9. CR14-185

Dr. Jones moved to dismiss the complaint. Dr. Nyberg seconded the motion, which passed unanimously.

MOTION: A patient complains that his endocrinologist mismanaged his testosterone replacement. When the patient's serum levels did not follow predicted pharmacokinetics, the physician took the necessary steps to troubleshoot the problem. The care was appropriate.

10. CR13-169

Dr. Nyberg moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed 7-0-1-0 with Dr. Dumont recused.

MOTION: The physician's employer notified the Board of his termination because of several patients' complaints about communication issues. After investigation, the Board determined there is no basis for further action.

11. CR14-45

Dr. Jones moved to order an Informal Conference. Dr. Dumont seconded the motion, which passed unanimously.

12. CR14-84

Dr. Andrews moved to order an Informal Conference. Dr. Jones seconded the motion, which passed unanimously.

13. CR14-139

Dr. Andrews moved to dismiss the complaint. Dr. Nyberg seconded the motion, which passed 7-0-1-0 with Dr. Dumont recused.

MOTION: The deceased patient's husband alleges the emergency department physician provided incompetent care to his wife after she sustained an injury the day before a scheduled high risk surgery. The physician responded that his evaluation of the patient was thorough, and it revealed nothing that would change plans for the scheduled surgery. He therefore concluded that direct contact with the surgical service was unnecessary. He also states that, in the presence of the family, the patient was offered admission, which she declined. The record indicates incomplete communication by multiple parties in the immediate preoperative process which accounted for the surgeon being unaware of the injury. Serious postoperative complications developed, but these were unrelated to the respondent physician's care.

14. CR14-147

Dr. Dumont moved to dismiss the complaint. Ms. Clukey seconded the motion, which passed 7-0-1-0 with Dr. Barnhart recused.

MOTION: This case is the result of a Department of Health and Human Services (DHHS) referral alleging inadequate medical care of an individual with a severe anoxic brain injury being cared for by family at home. In addition, DHHS alleges failure to make

an obligatory report regarding abuse and neglect of this individual. An extensive review of the patient's record showed a very debilitated teenager being cared for at home by a family with limited resources. Nonetheless, multiple agencies were initially involved and the patient was successfully kept at home for almost four years. The physician admitted that the medical care was beyond his expertise, but that he tried to do his best given insufficient resources. He also admitted after an honest, in-depth self-analysis that he could have provided better follow-up and management of the entire situation. He acknowledged that his medical documentation was inadequate. He has subsequently changed his approach to managing patients with chronic medical conditions and has instituted other changes to his practice as well as other affiliated practices. The physician stated that at no time did he witness any evidence of abuse or neglect. He did state that the mother did not always follow through with appointments and plans, but that otherwise he did not observe any worrisome behavior which would have required a mandatory report. The physician had not seen the patient for over six months at the time that DHHS removed him from the home. The Board was satisfied with the physician's response and the actions he has taken to improve the management of patients with chronic medical conditions.

15. CR14-156

Dr. Andrews moved to dismiss the complaint. Ms. Clukey seconded the motion, which passed unanimously.

MOTION: A patient complains the physician was unprofessional in the way he managed the patient's pain medications. A tapering plan was in place when the patient requested early refills. The physician did not approve the refills and discovered violations of the patient's controlled substance contract. When the patient left the practice, the physician provided a carry over refill. The physician's supervisor provided a supporting letter.

16. CR 14-154

Dr. Jones moved to dismiss the complaint. Dr. Nyberg seconded the motion, which passed 6-0-2-0 with Dr. Andrews and Dr. Gleaton recused.

MOTION: A patient complains that his urologist provided substandard prostate cancer surveillance, resulting in the eventual diagnosis of late stage adenocarcinoma. The patient feels that his positive family history was trivialized and that elevations in PSA were ignored as management decisions were being made. The record shows that the patient's positive family history was well documented and the urologist explained why this information did not alter the patient's individual screening under his care. The urologist outlined how the patient's many urological issues influenced PSA values and how earlier biopsy data was negative, making for a complicated picture. This case illustrates the many challenges of early and accurate detection of prostate cancer by conventional screening while attempting to minimize morbidity from unnecessary prostate biopsies. The physician's rationale for delaying a prostate biopsy is supported by the medical record.

17. CR14-168

Dr. Jones moved to dismiss the complaint. Ms. Clukey seconded the motion, which passed 7-0-1-0 with Dr. Andrews recused.

MOTION: A patient complains that his orthopedic surgeon caused chronic pain and a motor deficit following a revised total knee replacement due to failed hardware. While nerve complications are an accepted risk of knee surgery, the patient's symptoms do not follow any logical anatomic explanation related to the surgery itself. An EMG was performed which supports a diagnosis of a bilateral sensorimotor polyneuropathy. Treatment by the surgeon and follow-up care was appropriate.

18. CR14-155

Ms. Clukey moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed 7-0-1-0 with Dr. Andrews recused.

MOTION: A patient complains about the care he received from a plastic hand surgeon. The patient underwent a necessary revision amputation of a right middle fingertip. Unfortunately, the patient experienced some postoperative bleeding, which is not unusual following this type of procedure. Review of the record reveals appropriate surgical treatment and care. The patient did not follow through with scheduled postoperative visits.

19. CR14-170

Dr. Barnhart moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: A patient in an institutional setting complains he was inadvertently given several unprescribed medications for several weeks. Although the patient stopped taking some of these, the patient continued with others. The patient complained of minor medication changes several times previous to this situation, and had contact with the mental health system during the episode. Some months later, the patient was prescribed the same medication with his permission. There does not appear to be a reaction to the medication noted in the visits over the month following the inadvertent administration. There is a baseline of intermittent depression which continued in similar fashion. The patient continued to work with the provider cooperatively after this situation. Although the error was unfortunate, there does not appear to be behavior that rises to the level of discipline.

20. CR14-194 Carl T. Folkemer, M.D.

Dr. Nyberg moved to order an Adjudicatory Hearing. Dr. Dumont seconded the motion, which passed unanimously.

21. CR12-51 Fred D. Risser, M.D.

Ms. Clukey moved to order an Adjudicatory Hearing. Dr. Nyberg seconded the motion, which passed unanimously.

22. CR14-95 Fred D. Risser, M.D.

Ms. Clukey moved to order an Adjudicatory Hearing. Dr. Nyberg seconded the motion, which passed unanimously.

23. CR14-106 Fred D. Risser, M.D.

Ms. Clukey moved to order an Adjudicatory Hearing. Dr. Nyberg seconded the motion, which passed unanimously.

24. CR12-225

Dr. Andrews moved to investigate further. Dr. Dumont seconded the motion, which passed 6-0-2-0 with Dr. Jones and Mr. Ross recused.

25. CR14-85 Thomas O. Orvald, M.D. [Appendix A]

Dr. Dumont moved to accept the previously signed Consent Agreement as written. Dr. Jones seconded the motion, which passed unanimously.

26. CR14-112

Dr. Barnhart moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed unanimously.

MOTION: A patient complains the physician was rude and would not provide medical records. The physician responded that the patient was threatening at an unscheduled visit and never sent a written request for medical records. It is impossible for the Board to know what transpired.

27. CR14-142

Mr. Ross moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed unanimously.

MOTION: A patient's son makes three allegations regarding the care provided to his mother: 1) a lengthy wait in the office for the first appointment; 2) the physician failed to send a prescription to the pharmacy; and 3) the physician dismissed his mother from the practice, forwarded her medical records to another provider without permission, and failed to provide coverage during the transition. A review of the records provided by the physician did not support the allegation regarding a lengthy wait for the first appointment. The physician provided an explanation of the initial transmission failure to the pharmacy which was promptly corrected. She also explained how she accommodated

the patient's wish to be seen at an office closer to her home by arranging transfer of her care to another physician in the practice at a different location. Since all integrated electronic medical records are shared within the practice, no records were transferred out of the physician's office. The patient's continuity of care was uninterrupted. The patient did not provide authorization for the Board to obtain a copy of her medical records to review the care provided.

28. CR14-151

Dr. Dumont moved to investigate further. Dr. Jones seconded the motion, which passed unanimously.

29. CR14-157

Mr. Ross moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed unanimously.

MOTION: A patient alleges the physician acted unprofessionally and incompetently while treating him for foot pain. The physician responded that he tries to give high quality, thorough, thoughtful consultations and his recollection of the visit is much different from the patient's. Review of the medical record reveals appropriate care.

30. CR14-176

Dr. Andrews moved to dismiss the complaint. Dr. Jones seconded the motion, which passed 7-0-1-0 with Dr. Gleaton recused.

MOTION: A patient's spouse alleges excessively aggressive billing practices by the surgeon's office through its collection of some of the patient's fees prior to surgery. The physician responded that the office worked with the insurance company to estimate out-of-pocket expense, the payment of which was expected prior to service. There was evidence of attentive work by the office staff to inform the patient early of the practice policies, work with the insurance company, and respond to patient billing questions during the insurance payment adjudication process. There is no indication of unprofessional practice by the physician or his staff.

31. CR14-177

Ms. Clukey moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed unanimously.

MOTION: A patient alleges the physician deceived her by issuing her a four month and subsequently a one year medical marijuana certificate that were invalid. The medical marijuana dispensary considered the certificates used by the physician to be altered since they contained the patient's photo and certificate number on the top corner. The physician responded that the last time he had seen the patient was in September of 2013. In August of 2014, the Department of Health and Human Services changed the stationery format for all certificates. The physician responded to the patient's concerns on October 8th, before

being notified of the complaint filed with the Board. The physician refunded half the cost of the medical marijuana certificate to the patient and kept half to defray the cost of the patient's examination and evaluation.

32. CR14-178

Dr. Barnhart moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: A patient complains that the physician violated physician-patient confidentiality, recommended that he undergo certain laboratory testing based upon his sexuality, and made inappropriate statements that the patient felt were degrading and disrespectful. The physician denied making any inappropriate statements to the patient and explained why she recommended the particular laboratory testing. In addition, the physician denied violating physician-patient confidentiality and asserted that only essential medical staff were involved with the order for laboratory testing. Additional investigation revealed that the area in which the physician ordered the laboratory testing was strictly clinical with no patients and that the institution, with the direct involvement of the patient, issued a memorandum regarding the handling of discreet physician-patient conversations. Review of the medical record reveals appropriate medical care.

33. CR14-181

Mr. Ross moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed unanimously.

MOTION: A patient complains about the care she received from a cardiologist. The patient states the physician acted negligently and unprofessionally. The patient also states that her records were not transferred in a timely manner. The physician responded that the patient received appropriate clinical treatment at her only visit. Review of the medical record reveals that the patient received reasonable care, but decided to transfer care before a follow-up visit was done. Records were sent to her in a timely manner.

34. CR14-182

Mr. Ross moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 7-0-1-0 with Dr. Barnhart recused.

MOTION: A patient complains about the care she received from a consulting cardiologist while in the hospital. She complains that the physician acted unprofessionally. The physician responded that the patient received appropriate clinical treatment. Review of the medical record reveals that the patient received reasonable care, but decided to leave the hospital before further monitoring could be done.

35. CR14-187

Dr. Jones moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed unanimously.

MOTION: The patient complains that the treatment he received for a gunshot wound to his leg was deficient because some bullet fragments remained in healthy tissue. He struggled with his care from the start, beginning with his care in the emergency room, where he threatened to complain to the Board. He later developed an infection in his leg, which he blamed on the remaining fragments of the bullet in his leg. Shrapnel in tissue is often left behind as there can be more damage in removing it than leaving it. His care was appropriate and his perception and expectation of medical care was different than his actual need.

36. CR14-188

Mr. Ross moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed unanimously.

MOTION: A patient complains about the care she received from her primary care physician. She felt he acted unprofessionally by becoming emotional during a medical appointment and subsequent telephone conversation. Review of the medical record reveals reasonable medical care by the physician. Unfortunately, the patient emergently required cholecystectomy but ultimately did well. The telephone conversation that was recorded between the patient and the physician following her hospitalization was accusatory on the patient's part and difficult for both of them. Ultimately, they agreed that she should seek future care elsewhere.

37. CR14-193

Dr. Nyberg moved to investigate further and order a §3286 evaluation. Dr. Jones seconded the motion, which passed unanimously.

38. CR14-199

Dr. Andrews moved to dismiss the complaint. Ms. Clukey seconded the motion, which passed unanimously.

MOTION: The complainant presents multiple allegations of inappropriate treatment of his spouse by the physician. The physician denied knowledge of any prior care of this patient. The patient did not provide authorization for the Board to obtain a copy of the medical record to review the care provided.

39. CR14-201

Ms. Clukey moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed unanimously.

MOTION: The patient did not provide authorization for the Board to obtain information despite multiple attempts by Board staff to contact her by mail and telephone. The physician replied that he was unable to respond without authorization from the patient.

40. CR14-203

Dr. Barnhart moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 7-0-1-0 with Dr. Jones recused.

MOTION: The physician placed her hand over a debilitated patient's mouth to prevent her from coughing. The incident was fully reported to the Department of Health and Human Services and the responsible authorities of the institution in which the patient resides. The institution referred the physician for psychiatric evaluation and follow-up, which was successful.

41. CR14-213

Dr. Jones moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed 7-0-1-0 with Dr. Andrews recused.

MOTION: The complainant did not provide authorization for the Board to obtain medical records and wishes to withdraw the complaint. The physician attempted to respond to the complaint with the information available and the care as described was appropriate.

III. Assessment and Direction

42. AD14-191

Dr. Jones moved to file the issue. Dr. Nyberg seconded the motion, which passed unanimously.

43. AD14-206

Dr. Dumont moved to issue a complaint (CR15-15). Dr. Jones seconded the motion, which passed unanimously.

44. AD15-6

Dr. Andrews moved to investigate further. Dr. Dumont seconded the motion, which passed unanimously.

45. AD15-11

Dr. Jones moved to issue a complaint (CR15-16). Dr. Nyberg seconded the motion, which passed unanimously.

46. Intentionally Left Blank

47. Pending Adjudicatory Hearing and Informal Conference Report

The report was provided as an informational update. No Board action was required.

48. Consumer Outreach Specialist Feedback (none)

49. Physician Feedback (none)

IV. Informal Conference (none)

V. Minutes for Approval

A. December 9, 2014 minutes

Dr. Dumont moved to approve the minutes of the December 9, 2014 meeting. Ms. Clukey seconded the motion, which passed 5-0-0-1 with Dr. Andrews abstaining.

B. January 13, 2015 minutes

Dr. Dumont moved to approve the minutes of the January 13, 2015 meeting. Dr. Nyberg seconded the motion, which passed 5-0-0-1 with Dr. Jones abstaining.

VI. Board Orders & Consent Agreement Monitoring and Approval

A. Board Orders (none)

B. Consent Agreement Monitoring and Approval

1. Rogelio Naranja, M.D.

The Board instructed staff to request additional information regarding Dr. Naranja's plan to return to the active practice of medicine.

2. Kevin M. Kendall, M.D.

The Board reviewed the information presented and determined that no action was required.

3. Robert K. Desai, M.D. [Appendix B]

Dr. Barnhart moved to accept the signed Consent Agreement. Ms. Clukey seconded the motion, which passed 6-0-1-0 with Dr. Jones recused.

VII. Adjudicatory Hearing CR12-103 Stephen H. Doane, M.D.

The Board continued an Adjudicatory Hearing which began on January 13, 2015. The purpose of the hearing is to determine whether, in regard to complaint CR12-103, Dr. Doane has: 1) engaged in unprofessional conduct; 2) engaged in conduct that evidences a lack of knowledge or

inability to apply principles or skills to carry out the practice of medicine; and 3) violated Board Rule, Chapter 21, Use of Controlled Substances for Treatment of Pain (effective June 13, 2010). The Board will also determine whether to grant renewal of Dr. Doane's medical license.

Dr. Jones and Ms. Clukey were recused from the hearing and Dr. Sacchetti was absent.

Dr. Doane appeared for the hearing and was represented by Christopher C. Taintor, Esq. Dennis E. Smith, AAG, presented the State's case. Rebekah J. Smith, Esq. served as Presiding Officer.

The Board heard witness testimony and closing statements. After deliberation by the Board, the following motions were made:

Dr. Nyberg moved that the preponderance of evidence did show that the licensee engaged in conduct that would constitute incompetence. Dr. Dumont seconded the motion, which passed unanimously.

Dr. Andrews moved that the preponderance of evidence did show that the licensee engaged in unprofessional conduct. Mr. Ross seconded the motion, which passed 5-1.

Dr. Nyberg moved that the preponderance of evidence did show that the licensee violated Board Rule, Chapter 21, Use of Controlled Substances for Treatment of Pain. Dr. Dumont seconded the motion, which passed unanimously.

Dr. Nyberg moved to: 1) issue a censure; 2) assess costs of \$12,000 to be paid within one year; and 3) to renew the licensee's medical license with the following restrictions, in addition to the restrictions previously imposed by the Consent Agreement dated May 18, 2012: a) the licensee will restrict his practice of medicine to not more than two facilities with a combined total of 200 (two hundred) patient beds and will monitor no more than one mid-level provider at one time. Dr. Dumont seconded the motion, which passed unanimously.

A Board Order will be issued by Presiding Officer Rebekah J. Smith, Esq. and be presented to the Board at a future meeting.

VIII. Remarks of Chairman

A. Search Committee Update

Dr. Jones made a motion to enter executive session to discuss recruitment of an Executive Director for the Board. Dr. Dumont seconded the motion, which passed unanimously.

B. Board Member Resignation

Dr. Gleaton announced that David Andrews, M.D. will resign from the Board effective in June of 2015. The Board expressed their appreciation for Dr. Andrew's contributions as a Board member. Dr. Gleaton also requested Board members provide the names of any physicians who may be interested in serving on the Board.

IX. Assistant Executive Director's Monthly Report

The Assistant Executive Director reported that Jonathan Siegel, Ph.D. contacted Board staff to inform them that he is leaving the state and will no longer be available to conduct evaluations for the Board. The Board instructed staff to write a letter to Dr. Siegel and express its appreciation for his many years of service.

A. Complaint Status Report

As of February 1, 2015 there are ninety-two complaints outstanding. Nine complaints have been received year to date.

B. License Renewal Notification

The Board reviewed the letter sent to licensees who submit a renewal application while a complaint is pending against them. The Board recommended a change in the wording of the letter.

C. Opternative

The Board reviewed the information presented and determined that no Board action was necessary.

D. MoveIT (tabled)**X. Medical Director's Report (none)****XI. Remarks of Assistant Attorney General (none)****XII. Secretary's Report****A. Licenses for Ratification****1. M.D. Licenses for Ratification**

Dr. Dumont moved to ratify the Board Secretary's approval of the following physician license applications. Dr. Barnhart seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Adduci, Alexander J.	Radiology	Not Listed
Ahmad, Farhana	Pediatrics	Caribou
Allen, Nancy A.	Internal Medicine	Portland
Attiah, Augustine K.	Internal Medicine	York
Blackmon, Kevin P.	Anesthesiology	Presque Isle

Bryce, Thomas J.	Radiology	Not Listed
Damm, Christopher J.	Internal Medicine	Portland
De Peralta, Edgar T.	Neurology	Portland
Dichiaro, Carrie A.	Pediatrics	Falmouth
Eisenhauer, Andrew C.	Cardiovascular Disease	Lewiston
Fani Srour, John	Internal Medicine	York
Gillespie, Heather M.	Family Medicine	Portland
Khasawneh, Faisal A.	Internal Medicine	Lewiston
Kolkas, Eugenia	Ob/Gyn	Ellsworth
Laurie, Daniel E.	Internal Medicine	Lewiston
Meadows, Perry	Family Medicine	Not Listed
Menon, Meera N.	Surgery	Bangor
Millsaps, Ralph D.	Internal Medicine	Waterville
O'Neill, Gregory S.	Family Medicine	Kennebunk
Qadri, Syed M.	Emergency Medicine	Not Listed
Ribadeneyra, John C.	Family Medicine	Unity
Rosenbaum, Richard J.	Pediatrics	Portland
Sise, Adam B.	Ophthalmology	Portland
Stirling, Eric L.	Internal Medicine	Telemedicine
Tomlinson, Rashelle A.	Psychiatry	Not Listed
Velyvis, John	Orthopedic Surgery	Waterville
Waters, David C.	Neurosurgery	Lewiston
White, Wayne D.	OB/GYN	Biddeford

2. P.A. Licenses for Ratification

Dr. Dumont moved to ratify the Board Secretary's approval of the following physician assistant license applications. Dr. Barnhart seconded the motion, which passed unanimously.

The following physician assistant license applications have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>LICENSE</u>	<u>PSP</u>	<u>LOCATION</u>
Chalmers, Jessica	Inactive	None	None
LaFlamme, Karen	Active	Nielsen, Lisa	Patten
Latimer, Zachary	Active	Blank, Seth	Portland
Neally, Amelia	Active	Smith, Lawrence	Bangor
Ryan, Katelyn	Active	Glass, George Jr.	Lewiston
Santangelo, Judith	Active	Stark, John	Portsmouth

B. Applications for Individual Consideration

1. Victor Rodriguez, M.D.

The Licensure Committee moved to: 1) deny the applicant's waiver request for more than three attempts to pass the USMLE Step 3 examination; and 2)

preliminarily deny the license application with leave to withdraw. The motion passed unanimously.

2. Jay D. Parkinson, M.D.

The Licensure Committee moved to table the application. The motion passed unanimously.

C. Applications for Reinstatement

1. Applications for Reinstatement for Ratification

Dr. Dumont moved to ratify the Board Secretary's approval of the following license reinstatement applications. Dr. Nyberg seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Polidori, Mariano A.	Family Practice	Belfast
White, William B.	Orthopedic Surgery	Ellsworth

2. Applications for Reinstatement for Individual Consideration (none)

D. Withdrawals

1. Withdraw License Application

a. Paul Berman, M.D.

The Licensure Committee moved to accept the applicant's request to withdraw his license application. The motion passed unanimously.

2. Withdraw License from Registration

Dr. Dumont moved to approve the licensees' requests to withdraw from registration. Dr. Nyberg seconded the motion, which passed unanimously.

The following licensees have applied to withdraw their licenses from registration.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Buckberg, Richard	PA638
Haj Asaad, Ayman	MD17521
McGuire, Peter F.	MD6000
Meyer, Robert J.	MD8931
Moschella, Carla J.	PA1249
Subramanyam, Ramya H.	MD18979

Taylor, James Michael
 Vanstory, Madeleine B.
 Watt, A. Christine

AL91013
 MD18648
 MD6402

3. Withdraw License from Registration - Individual Consideration (none)

E. Licenses to Lapse by Operation of Law

The following licenses lapsed by operation of law effective January 15, 2015.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Anderson, John P.	MD17758
Cahill, Anne	MD19433
Ciporkin, George P.	MD14913
Copeland, Aaron J.	PA1220
Dugan, Khadijan N.	MD19482
Edholm, Karli	MD18599
Farmer, Evan R.	MD18053
Gadiraji, Silpa B.	MD17560
Henry, Patrick D.G.	MD19290
Hurd, Sarah B.	PA1099
Jaber, Randa A.I.	MD19971
Jackson-Evans, Catherine S.	MD19398
Johnson, Nicole M.	PA1319
Lawal, Moshood A.	MD18494
Lawson, George B.	MD7074
Leiter, Laban W.	MD4436
Luntao, Yuri Michael	MD15972
Moreau, Shannon N.	PA1327
Pringle, James O.	MD8026
Rashid, Saima	MD17123
Ross, Guy W.	MD16704
Sadler, John	MD15350
San Jose, Dimpna O.	MD10405
Shah, Swati J.	MD18533
Tan, Michael C.	MD18923
Tan, Ramon K.	MD5606
Teichman, Peter G.	MD18429
Ward, Rachel L.	MD19408

F. Licensees Requesting to Convert to Active Status (none)

G. Renewal Applications for Review (none)

H. Physician Assistant Schedule II Authority Requests for Ratification**1. Applications to Renew Schedule II Authority**

Dr. Dumont moved to ratify the Board Secretary's approval of the following renewal requests for Schedule II prescribing authority. Dr. Nyberg seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Appleton, Emily	Badeen, Trevor	Kittery
Henry, Jarrod	Chasse, William	Augusta
Kerney, Martha	Pachta-Galligan, Jane M.	Portland
Lessard, Nicole	Cushing, Brad	Portland
Simpson, Victoria	Rankin, Brent	Kittery
Smith, Bradley	Kowash, Phillip	Saco
Thoreson, Tori	Fuchs, Rose	Patten

2. Applications for New Schedule II Authority

Dr. Dumont moved to ratify the Board Secretary's approval of the following new requests for Schedule II prescribing authority. Ms. Clukey seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Case, Michael	Paluso, Eugene	Windham
Cox, Helen	Nesin, Noah	Brewer
Cusson, Barry	Sutherland, William	Portsmouth
Dempsey, Evelyn	Nesin, Noah	Brewer
Giggey, Abigail	Morrione, Thomas	Portland
Greenier, Zachary	Soreng, Atul	Brewer
Hudson, Hilary	Williamson, S. Craige	Ellsworth
Jankowski, Ellen	Cathcart, Wendy	Portland
Jankowski, Jed	Verrill, Allan	Bridgton
Laliberte, Lorraine	Cathcart, Wendy	Portland
Mutchie, Rachael	Bloch, Rebecca	Portland
Porreco, Joseph	Desai, Rajiv	Scarborough
Latimer, Zachary	Blank, Seth	Portland
Thoreson, Tori	Fuchs, Rose	Patten
Tolman, Kenneth	Thaler, Frederick	Kittery
Young, Amanda	Soreng, Atul	Brewer

3. Applications for New Schedule II Authority for individual consideration

a. Barry L. Campbell, P.A.-C

The Licensure Committee moved to table the application. The motion passed 6-0-1-0 with Dr. Jones recused.

XIII. Standing Committee Reports

A. Administration, Policy, and Rules Committee

1. Standing Committee Assignment

The Board reviewed committee assignments. Dr. Gleaton appointed Dr. Barnhart to the Administration, Policy, and Rules Committee.

2. Chapter 4 Rules

Dr. Jones moved to finally adopt Chapter 4 Rules for the Issuance of Citations as proposed. Ms. Clukey seconded the motion, which passed unanimously.

B. Licensure and CME Committee

1. Draft revised license application questions

The Board reviewed the revised license application questions and would like to meet with legal counsel for further discussion.

2. Draft license application

The material was provided as an informational update. No Board action was required.

C. Legislative and Regulatory Committee

The Board reviewed a list of proposed legislation. Dr. Barnhart suggested that the Board support LD # 140 An Act to Expand Access to Lifesaving Opioid Overdose Medication. After discussion, the Board instructed staff to contact Commissioner Head regarding the Board's desire to support LD # 140.

XIV. Board Correspondence (none)

XV. FYI

A. 2014 Annual Report to the Secretary of State

This material was provided for informational purposes. No Board action was required.

B. 2014 Annual Report to the Committee on Labor, Commerce, Research and Economic Development

This material was provided for informational purposes. No Board action was required.

C. FSMB Memo

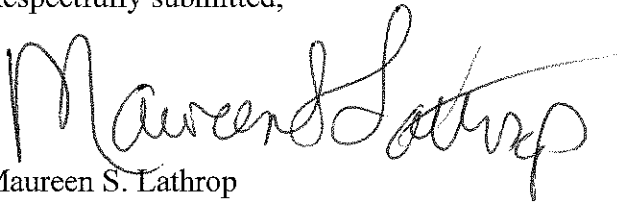
This information was provided for informational purposes. No Board action was required.

XVI. Other Business

A. 1:30 p.m. Gordon Smith Legislative Update (tabled)

XVII. Adjournment 7:25 p.m.

Respectfully submitted,

A handwritten signature in black ink, reading "Maureen S. Lathrop". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Maureen S. Lathrop
Administrative Assistant

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)	CONSENT
Thomas O. Orvald, M.D.)	AGREEMENT
Complaint No. CR14-85)	

This document is a Consent Agreement, effective when signed by all parties, regarding discipline imposed upon the license to practice as a physician in the State of Maine held by Thomas O Orvald, M.D. The parties to the Consent Agreement are: Thomas O. Orvald, M.D. ("Dr. Orvald"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. The Board first issued Dr. Orvald a license to practice as a physician in the State of Maine on October 29, 2013. Dr. Orvald specializes in General Surgery.
2. On May 13, 2014, the Board reviewed information received from the State of Washington, Department of Health, Medical Quality Assurance Commission ("Commission") regarding an action taken against Dr. Orvald's medical license in that state. According to a "Stipulation to Informal Disposition" dated April 3, 2014, Dr. Orvald stipulated that, if proven, his conduct in qualifying a patient for the medical use of cannabis because asthma caused bronchospasms would constitute a violation of RCW 18.130.180(4).¹ According to the stipulation, the patient had a history of asthma for which he was treated with Albuterol nebulization. In addition, asthma is an inflammatory disease that involves bronchial hyper-

¹ The specific language of this section of Washington state regulations provides as follows: Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

responsiveness. However, Asthma is not a disease that causes muscle spasms or spasticity that is unrelieved by standard treatments or medications.

3. Following its review of this information on May 13, 2014, the Board voted to initiate a complaint against Dr. Orvald's Maine medical license pursuant to 32 M.R.S. § 3282-A. The Board docketed the complaint at CR14-85. In addition, the Board voted to offer Dr. Orvald this Consent Agreement to resolve complaint CR14-85 without further proceedings.

4. Absent Dr. Orvald's acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to Maureen Lathrop, Investigative Secretary, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before June 22, 2014, the complaint will be processed further.

COVENANTS

In lieu of further proceedings regarding complaint CR14-85, Dr. Orvald and the Board agree to the following:

5. Dr. Orvald neither admits nor denies the conduct identified in paragraphs 1-3 above. However, Dr. Orvald concedes that should the matter proceed to an adjudicatory hearing, the Board would have sufficient evidence to conclude that the conduct violated 32 M.R.S. § 3282-A(2)(F)² and grounds for discipline of his Maine medical license.

6. As discipline for the concession in paragraph 5 above, Dr. Orvald agrees to accept, and the Board agrees to issue, the following discipline:

² The specific language of the statute provides as follows: Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care.

a. **Prohibition.** Dr. Orvald shall not issue medical cannabis authorizations or certifications to any patients for the treatment of asthma.

b. **Monitoring.** Dr. Orvald shall subject his medical practice in Maine to monitoring by the Board and its staff/agents until this monitoring requirement is modified or rescinded in writing by the agreement of all of the parties to this Consent Agreement. Dr. Orvald agrees that a representative/agent of the Board may make announced visits to his Maine medical practice to review his compliance with this Consent Agreement. Dr. Orvald agrees to maintain a log of all Maine patients to whom he issues certificates for medical marijuana, including but not limited to patients with a history or diagnosis of asthma. The practice review may include inspection and copying of any medical records of patients identified in the log, and interview of Dr. Orvald, Dr. Orvald's partners, and office staff. Dr. Orvald must maintain clear and legible paper and/or electronic records that enable the Board and its representatives/staff to verify his compliance with this Consent Agreement.

c. **Costs.** Dr. Orvald shall be responsible for all costs associated with his compliance with the terms and conditions of this Consent Agreement, including but not limited to any costs incurred by the Board to monitor and conduct visits of his Maine medical practice.

7. Violation by Dr. Orvald of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

8. Pursuant to 10 M.R.S. § 8003(5) the Board and Dr. Orvald agree that the Board has the authority to issue an order, following notice and hearing, imposing further discipline, including

revocation or suspension of his license, in the event that he fails to comply with any of the terms or conditions of this Consent Agreement.

9. Dr. Orvald waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Orvald agrees that this Consent Agreement is a final order resolving complaint CR14-85. This Consent Agreement is not appealable and is effective until modified or rescinded by agreement of all of the parties hereto.

10. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Orvald or any other matter relating to this Consent Agreement.

11. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

12. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB) and the Federation of State Medical Boards (FSMB).

13. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

14. The Board and Dr. Orvald agree that no further agency or legal action will be initiated against him by the Board based upon the facts described herein except or unless he fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that similar true allegations are brought against Dr. Orvald in the future. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Dr. Orvald's Maine physician license.

15. Dr. Orvald acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

16. For the purposes of this Consent Agreement, "execution" shall mean the date on which the final signature is affixed to this Consent Agreement.

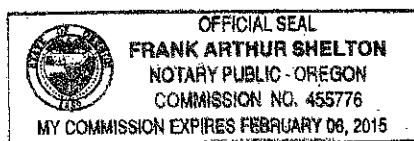
I, THOMAS O. ORVALD, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: JUNE 4, 2014 Thomas O. Orvald
THOMAS O. ORVALD, M.D.

STATE OF OREGON
Multnomah, S.S. (County)

Personally appeared before me the above-named Thomas O Orvald, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 06/04/2014 [Signature]



NOTARY PUBLIC/ATTORNEY
MY COMMISSION ENDS: 02/08/2015


STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 2/10/15 [Signature]
MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED:

2/10/15


DENNIS E. SMITH
Assistant Attorney General

Effective Date:

2/10/15

B

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)
Robert K. Desai, M.D.) CONSENT AGREEMENT FOR
Complaint No. CR13-86) SURRENDER OF LICENSE

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by Robert K. Desai, M.D. The parties to the Consent Agreement are: Robert K. Desai, M.D. ("Dr. Desai"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Pursuant to Title 32 Chapter 48 the Legislature endowed the Board with the power and duty to regulate the practice of physicians and physician assistants licensed by the Board, including setting standards of practice and investigating complaints. Pursuant to 10 M.R.S. § 8008 the Legislature provided that the sole purpose of the Board is to "protect the public health and welfare" and that "other goals or objectives may not supersede this purpose."
2. The Board first issued Dr. Desai a license to practice medicine in Maine on December 13, 2000. Dr. Desai specializes in Radiology.
3. On or about May 8, 2013, the Board received information submitted to it pursuant to Title 24 M.R.S. § 2505¹ from an Emergency Department ("ED") physician at Northern Maine

¹ Title 24 M.R.S. § 2505 provides in relevant part:

Any professional competence committee within this State and any physician licensed to practice or otherwise lawfully practicing within this State shall, and any other person may, report the relevant facts to the appropriate board relating to the acts of any physician in this State if, in the opinion of the committee, physician or other person, the committee or individual has reasonable knowledge of acts of the physician amounting to gross or repeated medical malpractice, habitual drunkenness, addiction to the use of drugs,

Medical Center ("NMMC") regarding an incident on May 7, 2013, concerning Dr. Desai.

According to the report, on May 7, 2013, the NMMC ED physician performed a history, physical exam, and blood work on Dr. Desai, who was on duty as a radiologist at NMMC. According to the report, the history, physical exam and blood work supported the diagnosis of acute alcohol intoxication, which was present at the time Dr. Desai was actively involved in patient care. On May 8, 2013, Dr. Desai telephoned the Medical Director for the Board and indicated that the day prior NMMC had sent him home due to concerns that he was under the influence of alcohol. Dr. Desai confirmed that prior to being sent home he had patient responsibilities at NMMC. Dr. Desai indicated that he had been seeing an alcohol counselor since the spring of 2012, but was not enrolled in a physician health program.

4. On May 13, 2013, the Board received pursuant to a subpoena medical records from NMMC regarding Dr. Desai's evaluation and blood work at the NMMC ED on May 7, 2013. According to that information, at approximately 3:15 pm Dr. Desai was referred to the ED at NMMC because the radiology department staff was very concerned about his cognition and unusual manner, lack of coordination, and slurred speech. On May 7, 2013, at approximately 3:15 pm Dr. Desai underwent a history, physical examination, and blood work by the on-duty ED physician at NMMC, who diagnosed Dr. Desai with acute alcohol intoxication. Dr. Desai denied any use of substances until the lab results became available, at which point Dr. Desai only admitted drinking alcohol the previous evening. According to the lab results, Dr. Desai's blood alcohol content at 3:15 pm was 390 MG/DL, which is the equivalent to .39 grams per 100 milliliters of blood – almost five times the legal limit (.08) for being able to drive a motor vehicle – and indicative of tolerance to alcohol based upon chronic use.

professional incompetence, unprofessional conduct or sexual misconduct identified by board rule. The failure of any such professional competence committee or any such physician to report as required is a civil violation for which a fine of not more than \$1,000 may be adjudged.

5. On May 14, 2013, the Board reviewed the foregoing information and voted to: immediately suspend Dr. Desai's Maine medical license pursuant to Title 5 M.R.S. § 10004(3) for a period of 30 days due to the immediate jeopardy that his continued practice of medicine posed to the public; issued a complaint against Dr. Desai's Maine medical license, which it docketed as Complaint No. CR13-86; scheduled the matter for an adjudicatory hearing on June 11, 2013; and offer Dr. Desai an Interim Consent Agreement in lieu of proceeding with the adjudicatory hearing on June 11, 2013.

6. On June 11, 2013, Dr. Desai entered into an Interim Consent Agreement with the Board and the Office of Attorney General regarding the incident that occurred at NMMC. In the Interim Consent Agreement, Dr. Desai agreed to the continued suspension of his license to practice medicine in the State of Maine until such time as the Board takes final action – either by hearing and decision and order or by Consent Agreement – regarding Complaint No. CR13-86. In complying with this provision, Dr. Desai agreed that he would not practice medicine or render any professional health care services to any person in the State of Maine or in any other location under his Maine medical license.

7. On May 13, 2014, the Board reviewed Complaint No. CR13-86, including all correspondence from Dr. Desai and his attorney and all investigative information obtained to date. Following its review, the Board voted to offer Dr. Desai this Consent Agreement to resolve Complaint No. CR13-86 without further proceedings.

8. This Consent Agreement has been negotiated by legal counsel for Dr. Desai and legal counsel for the Board. Absent acceptance of this Consent Agreement by Dr. Desai by signing it and dating it in front of a notary and returning it to the Maine Board of Licensure in

Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before February 10, 2015, the Board may take any action permitted by law regarding Complaint No. CR13-86.

9. By signing this Consent Agreement, Dr. Desai waives, in his personal capacity and through legal counsel, any and all objections to, and hereby consents to the presentation of this proposed Consent Agreement to the Board for possible ratification. Dr. Desai waives, in his personal capacity and through legal counsel, forever any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

10. Dr. Desai admits that the foregoing facts constitute grounds to discipline his Maine medical license pursuant to the following subsections of 32 M.R.S. § 3282-A(2):

a. Subsection B: Habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of patients; and

b. Subsection F: Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care.

11. As discipline for the conduct described in paragraphs 1-10 above, Dr. Desai agrees to the IMMEDIATE SURRENDER of his Maine medical license effective upon the

execution of this Consent Agreement. In complying with this provision, Dr. Desai shall immediately return his Maine medical license to the Board.

12. Nothing in this Consent Agreement shall prohibit Dr. Desai from, at reasonable intervals, petitioning the Board for reinstatement of his Maine medical license. Upon petitioning the Board for reinstatement, Dr. Desai shall bear the burden of demonstrating that: (a) his Maine medical license should be reinstated; and (b) that the resumption of his practice of medicine would not pose a risk to the public; and (c) that no reasonable grounds exist for the Board to deny his application for reinstatement. The Board, upon receipt of any such petition for reinstatement from Dr. Desai, may direct that he undergo whatever testing and evaluations that it deems appropriate. In addition, Dr. Desai shall execute any and all releases so that the Board, Board staff, and Office of Attorney General may obtain copies of his medical, psychological, substance abuse, and counseling records and evaluations. Following its receipt of a petition for reinstatement from Dr. Desai, and its review of any records, evaluations and investigative information, the Board shall retain the authority to: (a) deny the petition; (b) grant the petition; or (c) grant Dr. Desai a license subject to restrictions and/or conditions pursuant to a consent agreement under the authority of 32 M.R.S. § 3282-A(2) and 10 M.R.S. 8003(5).

13. Dr. Desai has been represented by legal counsel, Christopher A. Wright, Esq. with respect to the terms of this Consent Agreement.

14. This Consent Agreement is not appealable, constitutes disciplinary action, is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions, and is effective until modified or rescinded in writing by all of the parties hereto.

15. This Consent Agreement is a public record within the meaning of 1 M.R.S. §

402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

I, ROBERT K. DESAI, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED:

1/26/2015

Robert K. Desai
On this 26 day of January, 2015
Before me, the undersigned Notary Public personally
appeared Robert K. Desai
proved to me through satisfactory evidence of
identification which were Mt. Desert License to be the
person whose name is signed on the preceding or attached
document in my presence.
James M. Salisbury

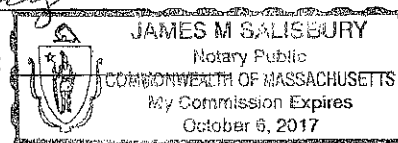
STATE OF Massachusetts
Worcester, S.S. (County)

Personally appeared before me the above-named Robert K. Desai, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED:

26 January 2015

James M. Salisbury
NOTARY PUBLIC
MY COMMISSION ENDS:



DATED:

2/3/2015

Christopher A. Wright, Esq.
Attorney for Dr. Desai

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE


DATED:

2/11/15

Maroulla S. Gleaton, M.D.
MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 2/10/15


DENNIS E. SMITH
Assistant Attorney General

APPROVED
EFFECTIVE: 2/10/15